

SERFF Tracking Number: GRTT-126315844 State: Arkansas
 Filing Company: United National Life Insurance Company of America State Tracking Number: 43610
 Company Tracking Number: UNLHCHC2009AR
 TOI: H14I Individual Health - Hospital Indemnity Sub-TOI: H14I.000 Health - Hospital Indemnity
 Product Name: Hospital Confinement & Home Care Policy Filing
 Project Name/Number: /

Filing at a Glance

Company: United National Life Insurance Company of America
 Product Name: Hospital Confinement & Home Care Policy Filing SERFF Tr Num: GRTT-126315844 State: Arkansas
 TOI: H14I Individual Health - Hospital Indemnity SERFF Status: Closed-Approved-Closed State Tr Num: 43610
 Sub-TOI: H14I.000 Health - Hospital Indemnity Co Tr Num: UNLHCHC2009AR State Status: Approved-Closed
 Filing Type: Rate Reviewer(s): Rosalind Minor
 Author: Linda David Disposition Date: 10/02/2009
 Date Submitted: 09/25/2009 Disposition Status: Approved-Closed
 Implementation Date Requested: On Approval Implementation Date:
 State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Pending
 Project Number: Date Approved in Domicile:
 Requested Filing Mode: Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Group Market Size:
 Overall Rate Impact: 25% Group Market Type:
 Filing Status Changed: 10/02/2009 Explanation for Other Group Market Type:
 State Status Changed: 10/02/2009
 Deemer Date: Created By: Linda David
 Submitted By: Linda David Corresponding Filing Tracking Number:
 Filing Description:
 Annual and rate revision filing for our Hospital Confinement and Home Care policy.

Company and Contact

Filing Contact Information

Linda David, Product Analyst
 1275 MILWAUKEE AVE 847-904-5639 [Phone]

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GLENVIEW, IL 60025

Filing Company Information

United National Life Insurance Company of America CoCode: 92703 State of Domicile: Illinois
 1275 Milwaukee Ave. Group Code: 903
 Glenview, IL 60025 Group Name: Company Type:
 (847) 803-5252 ext. [Phone] FEIN Number: 37-1095206
 State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United National Life Insurance Company of America	\$50.00	09/25/2009	30840299

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/02/2009	10/02/2009

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	09/29/2009	09/29/2009	Linda David	10/01/2009	10/01/2009

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Disposition

Disposition Date: 10/02/2009

Implementation Date:

Status: Approved-Closed

Comment:

We have approved a 15% level rate increase on this submission. The approval is subject to the following conditions:

1. Rate increases will not be given prior to the first annual anniversary date of any policy.
2. After the first annual anniversary date of any policy, increases will not be given more frequently than once in a twelve (12) month period.
3. All increases in rates, other than a change in age or an individual moving to another geographical area, must be submitted to our Department for approval.

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Cover Letter	Approved-Closed	Yes
Supporting Document	Experience Exhibits	Approved-Closed	No
Supporting Document	Rates	Approved-Closed	No
Supporting Document	Revised Rates	Approved-Closed	No
Supporting Document	Revised Rate Memeorandum	Approved-Closed	No

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 09/29/2009
Submitted Date 09/29/2009
Respond By Date 10/29/2009
Dear Linda David,

This will acknowledge receipt of the captioned filing.

Objection 1
- Health - Actuarial Justification (Supporting Document)

Comment:

Our Department has been working with insurance companies on the rate increases which they are submitting to our Department.

The majority of the companies have been filing rate increases in excess of 15% on limited benefit policies. Our Department is requesting that the companies consider no more than a 15% increase due to the impact the a rate increase would have on the insureds during this difficult economic time.

If you accept the 15%, please provide a revised actuarial memorandum along with the revised rates.

Thank you for your understanding and cooperation.

Please feel free to contact me if you have questions.

Sincerely,
Rosalind Minor

Response Letter

Response Letter Status Submitted to State
Response Letter Date 10/01/2009
Submitted Date 10/01/2009

Dear Rosalind Minor,

Comments:

SERFF Tracking Number: GRTT-126315844 State: Arkansas
Filing Company: United National Life Insurance Company of America State Tracking Number: 43610
Company Tracking Number: UNLHCHC2009AR
TOI: H141 Individual Health - Hospital Indemnity Sub-TOI: H141.000 Health - Hospital Indemnity
Product Name: Hospital Confinement & Home Care Policy Filing
Project Name/Number: /

This is per your objection letter dated 9/29/09.

Response 1

Comments: Per your recommendation we are accepting the 15% increase instead of 25%. Attached please find revised actuarial memorandum and rate sheet reflecting this change.

Related Objection 1

Applies To:

- Health - Actuarial Justification (Supporting Document)

Comment:

Our Department has been working with insurance companies on the rate increases which they are submitting to our Department.

The majority of the companies have been filing rate increases in excess of 15% on limited benefit policies. Our Department is requesting that the companies consider no more than a 15% increase due to the impact the a rate increase would have on the insureds during this difficult economic time.

If you accept the 15%, please provide a revised actuarial memorandum along with the revised rates.

Thank you for your understanding and cooperation.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Revised Rates

Comment:

Satisfied -Name: Revised Rate Memeorandum

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank you for your attention to this filing.

Linda David

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Filing Company: *United National Life Insurance Company of* *State Tracking Number:* *43610*
America

Company Tracking Number: *UNLHCHC2009AR*

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Sincerely,
Linda David

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Supporting Document Schedules

		Item Status:	Status
Satisfied - Item:	Cover Letter	Approved-Closed	Date: 10/02/2009
Comments:			
Attachment:			
AR-LTR.pdf			



UNITED NATIONAL LIFE INSURANCE COMPANY OF AMERICA
P. O. Box 1154 Glenview, Illinois 60025-1154

September 23, 2009

Ms. Julie Benafield Bowman
Arkansas Department of Insurance
Seniors Insurance Network
1200 West 3rd St.
Little Rock, AR 72201-1904

Re: Loss Ratio & Rate Revision Filing – Hospital Confinement and Home Care Policy
N.A.I.C. Company Code 92703
Federal ID Number 37-1095206
Company Filing Number UNLHCHC2009AR

Dear Ms. Bowman:

Enclosed please find our annual loss ratio and rate revision filing for our Hospital Confinement and Home Care Policy. We are requesting changes shown below which will affect 94 in force policy holders with a current average annual premium of \$448. There is no prior rate increase requested for these forms. The affected forms and requested increases are as follows:

Form	U9911A	U9911B	U9911C	U9911D	U9911F	U9911G	Average
Request	25%	25%	25%	25%	25%	25%	25%

Your attention to this filing is greatly appreciated. If you have any questions, please call me at 1-847-904-5639, fax me at 1-847-699-0093 or e-mail me at Linda_David@gtlic.com.

Sincerely,

United National Life Insurance Company

Linda David
Corporate Actuarial

Encl.